|                                                                                                                                                                                                                                                                                                                     |                                                |                                           | , )          | •                    |                                                |                  |   |                   |                        |    |                               |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------|----------------------|------------------------------------------------|------------------|---|-------------------|------------------------|----|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Docket Number  P 706164                                                                                                                                                                                                      |                                                |                                           |              |                      |                                                |                  |   |                   |                        |    |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                      |                                                |                                           |              |                      |                                                |                  |   | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                |                                           | 38           | ·                    | •                                              |                  |   | RATE              | FEE                    |    | RATE                          | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                |                                           | NUMBER FILED |                      | NUMBER EXTRA                                   |                  |   | BASIC FEE         | 370.00                 | OR | Basic Fee                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                |                                           | ## minus 20= |                      | · 18                                           |                  |   | X\$ 9=            |                        | OR | X\$18=                        | 324                    |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                |                                           | 5 minus 3 =  |                      | • 2                                            |                  |   | X42=              |                        | OR | X84=                          | 168                    |  |
| MU                                                                                                                                                                                                                                                                                                                  | LTIPLE DEPEN                                   | DENT CLAIM PE                             | RESENT       |                      |                                                |                  |   | +140=             |                        | OR | +280=                         | 700                    |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2                                                                                                                                                                                                                                            |                                                |                                           |              |                      |                                                |                  |   | TOTAL             |                        | OR | TOTAL                         | 1232                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                       |                                                |                                           |              |                      |                                                |                  |   | SMALL             | ENTITY                 | OR | OTHER<br>SMALL                | THAN                   |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         | 1/8/04                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVE         | HEST<br>IBER<br>OUSLY<br>FOR                   | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NO.                                                                                                                                                                                                                                                                                                                 | Total                                          | . 17                                      | Minus        | ##                   | <u> 39                                    </u> |                  |   | X\$ 9=·           |                        | OR | X\$18=                        |                        |  |
| ME                                                                                                                                                                                                                                                                                                                  | Independent                                    | · 20                                      | Minus        | ***                  | 5                                              | -                |   | X42=              |                        | OR | X84=                          |                        |  |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEF  | PENDEN               | TCLAIM                                         |                  | J | +140=             |                        | OR | +280 <del>=</del>             |                        |  |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |              |                      |                                                |                  |   | TOTAL             |                        | 90 | TOTAL                         |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                |                                           |              |                      |                                                |                  |   |                   |                        |    | ADDIT. FEE                    |                        |  |
| ENT B                                                                                                                                                                                                                                                                                                               | •                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIG)<br>NUM<br>PREVI | IEST<br>IBER<br>OUSLY<br>FOR                   | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| MOP                                                                                                                                                                                                                                                                                                                 | Total                                          | •                                         | Minus        | **                   |                                                | -                |   | X\$ 9=            |                        | OR | X\$18=                        |                        |  |
| AMENDMEN                                                                                                                                                                                                                                                                                                            | Independent                                    | •                                         | Minus        | trick                |                                                | •                |   | X42=              |                        | OR | X84=                          |                        |  |
| ٩                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |                      |                                                |                  | 1 | +140=             |                        | OR | +280=                         |                        |  |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |              |                      |                                                |                  |   | TOTAL             |                        |    | TOTAL                         |                        |  |
| ADDIT, FEE ADDIT, FEE                                                                                                                                                                                                                                                                                               |                                                |                                           |              |                      |                                                |                  |   |                   |                        |    |                               |                        |  |
|                                                                                                                                                                                                                                                                                                                     |                                                | (Column 1)<br>CLAIMS                      |              | HIGH                 | mn 2)<br>ÆST                                   | (Column 3)       |   |                   | ADDI-                  |    |                               | ADDI-                  |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVI                | ABER<br>OUSLY<br>FOR                           | PRESENT<br>EXTRA |   | RATE              | TIONAL<br>FEE          |    | RATE                          | TIONAL<br>FEE          |  |
| NO.                                                                                                                                                                                                                                                                                                                 | Total                                          | •                                         | Minus        | **                   |                                                | -                |   | X\$ 9=            |                        | OR | X\$18=                        |                        |  |
| E                                                                                                                                                                                                                                                                                                                   | Independent                                    | •                                         | Minus        | ***                  |                                                | -                |   | X42=              |                        | OR | X84=                          |                        |  |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |                      |                                                |                  | j | +140=             |                        |    | +280=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.                                                                                                                                                                                                                               |                                                |                                           |              |                      |                                                |                  |   |                   |                        |    |                               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |              |                      |                                                |                  |   |                   |                        |    |                               |                        |  |

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